LETTER TO THE EDITOR

Re: Chaplin A, Curley M, Wanless IR, Re: Chang A, Krygier DS, Chatur N, Yoshida EM. Clozapine-induced fatal fulminant hepatic failure: A case report. *Can J Gastroenterol* 2009;23:376-8.

To the Editor:

The letter from Chaplin et al, published in the current issue of *The Canadian Journal of Gastroenterology*, highlights the importance of identifying clozapine as a cause for fulminant hepatic failure and severe hepatitis. Drug hepatotoxicity can potentially occur with any pharmaceutical product, and can result in death from acute liver failure unless rescued by an emergent liver transplant. Results from a multicentre study (1) involving 17 American tertiary care centres reported that acetaminophen overdose and idiosyncratic drug reactions replaced viral hepatitis as the most frequent causes of acute liver failure. Moreover, the reported likelihood of transplant-free survival – although reasonable with acetaminophen hepatotoxicity (68%) – was dismal for nonacetaminophen hepatotoxicity (25%). The inability of phase 2 and phase 3 clinical trials to absolutely guarantee drug safety highlights the need for clinician vigilance to monitor potential hepatotoxicity. As mentioned in our report and the letter from Chaplin et al, it is important to monitor both hematological and liver biochemistry profiles to ensure early detection of potentially fatal side effects during the use of clozapine.

We note that both our patient and that of Chaplin et al were relatively healthy before treatment, with schizophrenia as the indication for clozapine. Their demise was a potentially avoidable tragedy.

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REFERENCE

1. Ostapowicz G, Fontana RJ, Schiodt FV, et al. Results of a prospective study of acute liver failure at 17 tertiary care centres in the United States. *Ann Intern Med* 2002;137:947-54.

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